



The Ministry of Health and Long-Term Care's Gradual Re-Opening Plan
Transitioning to the New Normal of Naturopathic Practice

Dear OAND Members,

Under the guidance of the Chief Medical Officer of Health, the MOHLTC released a revised Directive and detailed Operational Requirements for all Ontario health care providers (HCPs) on May 26, 2020. This guidance is somewhat detailed, but elements of it may also require additional clarification from the Ministry and CONO. It will take a little time to determine the full operational implications of these documents, but as we understand more, we will share that information with you.

The guidance in these documents represents the next chapter in this COVID-19 crisis, but it may not be the final chapter. As the situation develops, the Ministry may loosen or tighten the rules of practice, based on the status of infections and the shape of the infection curve. This new stage is certainly still going to be challenging for you all, but I hope less challenging than the last couple of months. Please know that the OAND will be working to help you to deal with what's ahead.

What follows is my high-level summary of what is contained in the new Directive and Operational Requirements. This is not meant to interpret or translate these Ministry documents for ND practice, as that is CONO's role, but it should give a helpful overview.

The Ministry documents were not yet posted when this was written, but they will soon be on the following site - http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/dir_mem_res.aspx.

Note also that these new requirements are for all regulated health professions in Ontario, so you will see that parts of the Directive will not apply to NDs based on the type of care that you give.

Overview of revised Directive #2 & Operational Requirements:

- The “essential care only” restriction is finally lifted from telemedicine & virtual care;
- That “essential” terminology is no longer being used for in-person care either, but there are still many restrictions, i.e., services may resume gradually subject to meeting all of the new provisions and guidance from CONO;
- Where possible, health care providers (HCPs) are encouraged to limit the number of in-person visits for the safety of the health care providers themselves and their patients;
- You are asked to continue to provide any services that you can using remote/virtual means, but it is your clinical decision to determine which & when;
 - Virtual consultations are encouraged and HCPs should conduct initial consultations virtually to determine if an in-person appointment is necessary;
 - HCPs are also encouraged to modify services to reduce patient time in front of the HCP;
- HCPs will be required to undertake an Organizational Risk Assessment &/or a Point of Care Risk Assessment, the latter including assessing “the task, the patient and the environment” to determine infection risk, with every patient;

- HCPs will be required to understand the Hierarchy of Hazard Controls related to Occupational Health and Safety;
- The patient screening requirements are significant:
 - Patients will first have to be screened by phone before an appointment;
 - There will then be screening on-site, ideally from behind a barrier;
 - There must also be passive screening (signs) outside the door;
 - Screening will follow Ministry guidelines and essentially prevent you seeing patients with any COVID-19 symptoms.
- There are a number of physical setting requirements, e.g., designing the clinic set-up for 2 metre spacing, appropriate infection prevention practices including appropriate disposal of any garbage, removing toys and magazines or other patient-shared items, cleaning of all surfaces between patients, supplying hand sanitizer or a hand-washing station for appropriate patient hand hygiene, etc.;
- All patient interaction within 2 metres, for patients who have screened negative for COVID-19 symptoms will require PPE;
 - A regular (not N95) surgical mask;
 - Hand hygiene before and after patient interaction;
 - And you “should consider” eye protection (goggles or face shield);
- It is not clear yet what’s required for those who you can keep outside of 2 metres (e.g., a counselling session patient), but clarification will be sought;
- You still can’t treat those who screen positive (any symptoms) for COVID-19 as a referral for testing is required for those patients. The screening requirements are designed to keep all of those patients out of your office, but there are appropriate protection redundancies to protect you and other patients.

There will be a lot of work to do to adapt your practice to the new rules. There will also likely be requirements for tracking/reporting on your infection prevention procedures. Although all of these requirements will be onerous, I think this announcement puts us in a much better place than we were yesterday.

In your enthusiasm to re-open fully please take time to evaluate what the financial implications of these new rules will be and what that might mean to your patient pricing. There will absolutely continue to be more virtual care for some aspects of patient interactions. Some of you may even choose to significantly change your practice style.

More information will flow your way on all of this, but you will have many questions. So please digest this, take time to read the Ministry’s Operational Requirements, the material that CONO will provide and then reach out to your professional association with questions, concerns, or other things that you think that we may be able to help you with. That’s why we’re here.

Wishing you the best,
John



John Wellner
CEO, Ontario Association of Naturopathic Doctors